

COVID-19 health facility assessment for primary health care facilities

Version 03 April 2020

Evaluation date	/	/	(DD/MM/YY)
Name(s) of evaluator			
Name(s), position(s), and contact info of the people interviewed			
HEALTH CENTRE INFORMATION			
Name of facility			
Location of facility			
Region/Province			
District			
Type of facility	Health centre / clinic MCH clinic Other (specify)		
Managing authority	Government / public NGO/not-for-profit Private-for-profit Mission/faith-based Other(specify)		
Setting	Rural / Peri-urban / Urban / Slum / Camp		
Outpatient only	YES / NO		
Number of consultation rooms			
Number of inpatient beds			
Number of maternity beds			
Number of staff employed	Medical doctors		
	Clinical officers		
	Nurses		
	Midwives		
	Healthcare assistants		
	Laboratory technicians		
	Pharmacists		
	Community health workers Other, specify		
Total number of general outpatient consultations in last 3 months	Month 1: Month 2: Month 3:	Monthly average:	
Total number of deliveries in last 3 months	Month 1: Month 2: Month 3:	Monthly average:	

	Completed	Partially completed	Not Completed
HUMAN RESOURCES			
COVID-19 focal point is identified			
Roles and responsibilities for the COVID-19 response team are assigned			
Every staff member has received information about the COVID-19 virus, pandemic and the response and their role			
Essential healthcare provider training on COVID-19 triage, screening, diagnosis and management			
Laboratory staff are trained in safe handling of samples for transfer to reference laboratory			
Rota / plan to ensure there are designated staff for COVID-19 and non-COVID-19 patients			
Up-to-date staff list with contact details			
Daily staff presence list (to facilitate future contact tracing)			
Protocol is in place to diagnose, isolate, manage and follow-up exposed staff and trace contacts			

	Displayed		Not Displayed
INFORMATION, EDUCATION, COMMUNICATION			
Culturally appropriate Information, Education, Communication (ICE) materials are displayed outside the facility and in waiting area, for:			
Handwashing procedure			
Physical distancing			
Covering nose and mouth when coughing/ sneezing (flexed elbow)			
Early recognition of symptoms			
When to attend the healthcare facility (Vs stay at home)			
Rational use of PPEs			
Telephone number for community COVID-19 helpline is advertised			

	Fully operational	Partially operational	Not in place
SURVEILLANCE			
Algorithm for alert notification and management available			
COVID-19 Official case definition available			
Case investigation form available			
Hotline number for alert notification known by staff			
Surveillance system in place to collect and receive information on number of suspected cases in the catchment area			
COVID-19 surveillance data is collected by community health workers			
Surveillance data is reported at least twice a week to district health authorities			
Surveillance data is tracked and monitored over time			

	Fully operational	Partially operational	Not in place
TRIAGE AND EARLY RECOGNITION			
Screening area set up at a single patient entry point to the facility			
Symptom screening questionnaires are available			
Temperature measurement at triage zone with disposable or non-contact sterilised thermometers			
Appropriate physical distancing of at least 1.5 metres in waiting rooms / queues			
Separate waiting rooms / areas for symptomatic patients, with signage and controlled entry			

* Quantities of 'sufficient supply' needs to be defined in each context and according to national standards.

Available in sufficient supplies *	Available with risk of shortage	Not available
------------------------------------	---------------------------------	---------------

DIAGNOSIS			
Presence of:			
Diagnosis protocol			
Nasopharyngeal swabs			
Oropharyngeal swabs			
Triple packaging boxes for infectious laboratory samples			
Viral transport medium			
Refrigeration (2°C -8°C) OR Iceboxes +/- freezer (-20°C - - 70°C) ^a			

Fully operational	Partially operational	Not in place
-------------------	-----------------------	--------------

ISOLATION			
Designated isolation room(s) for suspected COVID-19 cases			
Distance of at least 2 m between patients is enforced (in waiting rooms/at screening area)			
Distance of at least 1.5 m between all patient beds			
Transfer / referral protocol in place			
Visitor restriction - max. 1 asymptomatic relative			
Record (name and contacts) maintained of all persons (staff, visitors) entering COVID-19 patient rooms			

Available in sufficient supplies *	Available with risk of shortage	Not available
------------------------------------	---------------------------------	---------------

CASE MANAGEMENT			
Presence of following medicines:			
Antipyretics			
Analgesics			
Antibiotics (for superimposed bacterial infections)			
Intravenous fluids			

* Quantities of 'sufficient supply' needs to be defined in each context and according to national standards.

	Available in sufficient supplies *	Available with risk of shortage	Not available
Presence of following equipment and material:			
Pulse oximeters			
Thermometers			
Functioning oxygen system			
Oxygen cylinders			
Single-use oxygen-delivering interfaces			
Intravenous cannulas and lines			
INFECTION PREVENTION AND CONTROL			
PERSONAL PROTECTIVE EQUIPMENT (PPE)			
The following PPE is available for staff:			
Medical masks (e.g. N95, FFP2, or equivalent)			
Disposable surgical masks			
Eye protection (goggles or face shield)			
Examination gloves			
Surgical gloves			
Long-cuffed gloves			
Heavy-duty gloves			
Long-sleeved gown			
Waterproof aprons			
Surgical scrubs			
Closed work shoes / shoe covers			
Disposable surgical masks for patients with suspected COVID			
The following PPE is available for visitors of patients with suspected COVID-19:			
Long-sleeved gown			
Gloves			
Medical mask			
	Available / fully achieved	Partially achieved	Not Available
All staff are trained to put on, use and remove PPE equipment			
Put-on/take-off PPE poster is displayed			
Fit test kit (to evaluate the effectiveness of seal for tight-fitting respiratory protection devices)			
Facility has a contingency plan for shortages of PPE ^b			
* Quantities of 'sufficient supply' needs to be defined in each context and according to national standards.	Available in sufficient supplies *	Available with risk of shortage	Not available
Waste collection and disposal			
Colour-coded bins are used for COVID-19 biohazardous material and sharps			
Clinical waste bags for double bagging are available			
Waste and laundry bags labelled as 'used' or 'infectious'			
Laundry receptacles present inside/near each patient room			

* Quantities of 'sufficient supply' needs to be defined in each context and according to national standards.	Available in sufficient supplies *	Available with risk of shortage	Not available
Water, sanitation and hygiene (WASH)			
Clean running water for hand washing (tap or Veronica bucket) at all service delivery points			
Hand soap			
Liquid Soap			
Disposable hand towels			
Alcohol-based hand-gel			
Separate toilet / latrine labelled for suspected or confirmed COVID-19 patients			
Disinfection and sterilisation			
Protocol for routine health facility cleaning and disinfection			
Protocol for sterilisation of equipment is available			
Environmental disinfectant, eg. chlorine, alcohol ^c			
Cleaning schedule/rota is displayed in toilet(s)			
Protocol in place for handling corpses			

Available	Partially available	Not Available
-----------	---------------------	---------------

LOGISTICS			
Patient and sample transfer			
Referral plan for patients in place with contact details			
Functioning cell phone / landline / short-wave radio			
Designated COVID-19 patient transfer vehicle accessible			
Laboratory identified where samples will be sent			
Transport identified for transport of samples			

Comments:

Thank respondent for time, as if they have any other comments on any sections and enter here if needed.

^a **WHO recommends:** "Specimens that can be delivered promptly to the laboratory can be stored and shipped at 2-8°C. When there is likely to be a delay in specimens reaching the laboratory, the use of viral transport medium is strongly recommended. Specimens may be frozen to - 20°C or ideally -70°C and shipped on dry ice if further delays are expected."

^b **ECDC:** "If there is a shortage of FFP2/FFP3 respirators, healthcare workers performing procedures in direct contact with a suspected or confirmed case (but not at risk for generating aerosol) can consider wearing a mask with the highest available filter level, such as a surgical mask, in addition to gloves, goggles and gown."

^c **WHO:** COVID-19 "may likely be susceptible to disinfectants with proven activity against enveloped viruses, including sodium hypochlorite (bleach) (e.g. 1,000 ppm (0.1%) for general surface disinfection and 10,000 ppm (1%) for disinfection of blood spills), 62-71% ethanol, 0.5% hydrogen peroxide, quaternary ammonium compounds and phenolic compounds, if used according to manufacturer's recommendations. Other biocidal agents such as 0.05-0.2% benzalkonium chloride or 0.02% chlorhexidine gluconate can be less effective."

About the COVID-19 Health Facility Assessment for Primary Health Care Facilities

This assessment tool is designed to measure the preparedness and availability of resources for COVID-19 infections in primary healthcare settings in resource-limited settings.

The content has been adapted from the following resources:

- Health Statistics and Information Systems, WHO (2015) Service Availability and Readiness Assessment (SARA): an annual monitoring system for service delivery. Reference Manual, Version 2.2.
https://www.who.int/healthinfo/systems/sara_introduction/en/

WHO Technical Guidance:

- Operational considerations for case management of COVID-19 in health facility and community. Interim guidance V 1.2. March 13 2020.
- Critical preparedness, readiness and response actions for COVID-19. Interim Guidance, 22 March 2020.
- Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim guidance V 1.2. March 13 2020.
- Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. Interim guidance 19 March 2020.
- WHO Laboratory biosafety guidance related to the novel coronavirus (2019-nCoV). Interim guidance 12 February 2020
- WHO Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (COVID-19) outbreak. Interim guidance. 19 March 2020
- WHO Euro (2020) hospitals readiness check list for Covid-19. Interim Guidance 24 February 2020. WHO Regional Office for Europe: Copenhagen, Denmark.
http://www.euro.who.int/_data/assets/pdf_file/0010/430210/Hospital-Readiness-Checklist.pdf?ua=1
- PAHO (2020) Hospitals readiness checklist for COVID-19. (19 February 2020)
<https://www.paho.org/en/documents/hospital-readiness-checklist-covid-19>

Acknowledgements:

This tool was led by:

Karl Blanchet, Geneva Centre for Education & Research in Humanitarian Action
Sara Nam, Options Consultancy Services Ltd.

With contributions from:

Rosemary James, Irish Global Health Network
Phidelis Wamalwa, Options Consultancy Services Ltd.
Dr Benido Impouma, WHO Regional Office for Africa
Franck Mboussou, WHO Regional Office for Africa
Sharif Ismail, London School of Hygiene & Tropical Medicine
Rodolfo Rossi, International Committee of the Red Cross
Caitlin Walker
Kimberly Morren
Lotte Lehman de Lehnsfeld
Aoife Kirk
Ciarán Mooney.